



City of Santa Barbara

CERTIFIED RESIDENTIAL TENANTS LIST AFFIDAVIT

STATE OF CALIFORNIA)

COUNTY OF SANTA BARBARA) ss.

CITY OF SANTA BARBARA)

I, _____ hereby certify that the attached list
(please print)
contains the Assessors Parcel Numbers' and addresses of all residential tenant units for all real properties
within 100 feet of the exterior boundaries of the property located at _____
(Address/APN)

I have walked the neighborhood and verified, to the best of my ability, that the attached list is accurate.

**I CERTIFY UNDER PENALTY OF PERJURY AS DEFINED BY THE LAWS OF THE STATE
OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.**

(Signed) _____

NAME: _____
(please print)

ADDRESS: _____

PHONE _____

DATE: _____